CERTIFICATE OF T	Docket No. 121056-028			
Application No.	Filing Date	Examiner	Group Art Unit	
10/007,186	November 5, 2001	Andrea Valentini	3643	
vention: METHOD OF	PREVENTING DEFECTIVE	E GERMINATION OR ROSETTE I	FORMATION OF SEED	
			RECEIVED	
			CENTRAL FAX CEN	
			AUG 0 8 2006	
hereby certify that this	Amendment, Amendm	ent Transmittal, Notice of Appeal a	nd Wee Transmittal	
		(Identify type of correspondence)		
s being facsimile transmitt	ted to the United States Pater	nt and Trademark Office (Fax. No.	571-273-8300	
August 8, 20	006			
(Date)				
		Michael S. Gzybo		
		(Typed or Printed Name of Person S	gning Certificate)	
	<del>/</del>	Midael Shephon		
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	Note: Each paper must h	ave its own certificate of mailing.		

AMENDMENT TRANSMITTAL LETTER (Small Entity) Applicant(s): Yasushi KOHNO						Docket No. 121056-028			
Application No.	Filing Date	Examiner	Customer No	Group Art	Unit	Confirmation No.			
10/007,186	November 5, 2001	Andrea Valentini 35684			3643		5700		
Invention:  METHOD OF PREVENTING DEFECTIVE GERMINATION OR ROSETTE FORMATION OF SEED									
Transmitted herev	CE	RECEIVED NTRAL FAX CENTE							
_ `							AUG 0 8 2006		
Applicant o	claims small entity state	us. See 37 CFR 1.27							
The fee has been	The fee has been calculated and is transmitted as shown below.								
· · · · · · · · · · · · · · · ·	-	CLAIMS AS AM	IENDED	)					
	CLAIMS REMAINING	HIGHEST #	NUMBE	R EXTRA			ADDITIONAL		
	AFTER AMENDMENT	PREV. PAID FOR	CLAIMS	PRESENT	RATE		FEE		
TOTAL CLAIMS	3 •	20 =		0 x	\$25.00		\$0.00		
INDEP. CLAIMS	3 -	3 =	<u> </u>	0 x	\$100.00	Ш_	\$0.00		
Multiple Depender	t Claims (check if appl					#_	\$0.00		
		TOTAL ADDITIONAL I	FEE FO	R THIS AMEN	IDMENT		\$0.00		
No additional fee is required for amendment.  ☐ Please charge Deposit Account No.									
cc:				Typed or Printed Name of Person Mailing Correspondence					

Doc Code:  Under the Paperwork Reduction	A -		Patent a	Approved fo	or use through 07/1 fice: U.S. DEPAR	PTO/SB/17 (01-06) 31/2006. OMB 0851-0032 TMENT OF COMMERCE	
Inder the Paperwork Reduction	ACCOL 1989, NO	persons are required to res	pond to a collection	_	ess it displays a v ete if Known	alid OMB control number.	
Fees pursuant to the Consolid			Application Nur	nber 10/007	186	ara	IVED
FEE TRA	ANSI	MITTAL	Filing Date	<del></del>	ber 5, 2001	PENTON B	ax center
	Y 200		First Named In		bi KOHNO	CENTRALF	AX CENTER
101 F	1 200	0	Examiner Name		a Valentini	AUG (	8 2006
Applicant claims small	l entity status	. See 37 CFR 1.27	Art Unit	3643	a valenda.	700 1	0 2000
TOTAL AMOUNT OF	PAYMENT	(\$) \$250.00	Attorney Docke		6-028		)
METHOD OF PAYME	VT (check all	that apply)					
Check Credit	Card 🔲 I	Money Order Non	ne 🔲 Othe	f (please identify)	٠		
Deposit Dep	osit Account	Number: 12-2136	Deposit	Account Name	: BUTZ	EL LONG	
For the above-identified	deposit accoun	t, the Director is hereby aut	thorized to: (check a	II that apply)			
Charge	fee(s) indicated	below	Charg	je fee(s) indicated	l below, except for	the filling foe	
Charge	any additional f	ee(s) or any underpayment	s of 🔲 Credi	any overpaymen	ts		
warning: Information on	nder 37 CFR 1.		rd information sho	uld not be inclu	ded on this form.	. Provide credit card	
information and authorizati							
FEE CALCULATION (	All the fees	below are due upor	n filing or may	be subject t	o a surcharge	e.)	
1. BASIC FILING, SEAR	CH, AND EX FILING F	EES SEAR	CH FEES	EXAMIN	ATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$)	Small Entity Fee (\$)	Eee_(\$)	Small Entity Fee (\$)	Fees Paid(\$)	
Utility	300	150 500	250	200	100		ĺ
Design	200	100 100	50	130	65		
Plant	200	100 300	150	160	80		ĺ
Reissue	300	150 500	250	600	300		
Provisional	200	100 0	0	0	0		
2. EXCESS CLAIM FEE		->			Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (inclue Each independent claim of	-	-			50 200	25 100	
Multiple dependent claims	•				360	180	I
						ependent Claims	I
Total Claims	Extra Claims		Fee Paid (\$)		Fee (\$)	Fee Pald (\$)	I
- 20 or HP = HP = highest number of total Indep. Claims	daims paid for. Extra Claims	Fee (\$)	Fee Paid (\$)				
-3 or HP = HP = highest number of indep 3. APPLICATION SIZE F If the specification and dr	endent claims p EE	d 100 sheets of paper (	=\$0.00_ excluding electron	nically filed seq	uence or compt	uter listing under	
37 CFR 1.52(e)), the appl See 35 U.S.C. 41(a)(1)(G	ication size fe	e due is \$250 (\$125 for 1.16(s).	small entity) for a	each additional	50 sheets or fr	action thereof.	
Total Sheets - 100 =		/500	(round up to		<u>Fee (\$)</u> × <u>\$125.00</u>	<u>Fee Paid (3)</u> = <u>\$0.00</u>	
4. OTHER FEE(S) Non-English specification	\$130 fee (	no small entity discoun	t)			Fee Pald (\$)	
Other (e.g., late filing sure			<u> </u>			\$250.00	
SUBMITTED BY		<u> </u>					
Signature	Producel	Shut !	legistration No.	32,816	Telephone	734-995-3110	

This collection of information is required by 37 CFR V.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22312-1450.

Michael S. Gzybowski

Name (Print/Type)

Date

August 8, 2006

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